1-22 97 B-0534-C

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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14771

(2)

THE ALTERNATIVE PROGRAMS, INC.

FILED
Jan 22 1997 8:00am
Secretary of State

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										4 (B.)(B) B) JB X	
Principal Place	e of Business	Mailing Address				''''	(## ##### # ###	H MINIS MINIS	#1811 B/BI: 18#1	
151 N.W. 60TH	STREET	P O BOX 510266				1					
PO BOX 510266	- T	PO BOX 510266									
MIAMI FL 33127	MIAMI FL 33151-0266				2 Data Inc	separated as Qualified	30 Do	to of Look	Poport		
US		US				3. Date inc	3. Date Incorporated or Qualified 05/06/1986 03			e of Last Fleport 3/22/1996	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number				Applied For	
21		26			59-2690657				Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5 Certifica	te of Status Desired	X	7	Additional	
22		27			G. Continue	to or oracido boorico		Fee F	Required		
City & State	e	City & State					Campaign Financing	-		O May Be	
23		28					nd Contribution	<u> </u>		d to Fees	
Zip	Country 25	 	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,					
24							Yes X No				
	9. Name and Address of Current	Registered Agent		81	Name	10. Name a	nd Address of New Re	gistered /	Agent		
			í	"	Mairie						
-	GEORGIA JONES		82 Street Addr			Address (P.O. Box I	Number is Not Acceptab	le)			
	/ 111TH STREET							· · · · · · · · · · · · · · · · · · ·			
miami fi	L 33167			83							
				84	City			FL	85 Zij	o Code	
11 Pursuant	to the provisions of Sections 617.0502	and 617 1508. Florida Statute	s the a	hove	a-named o	corporation submit	s this statement for the n	uroosa of	changing	its registered	
office or r	registered agent, or both, in the State of manifer with, and accept the obligation	of Florida. Such change was a tions of, Section 617.0503, Flori	uthorize rida Stat	d by	the corp	oration's board of	directors. I hereby accep	the app	ointment a	is registered	
SIGNATURE											
				d Age	nt signature r	required when reinstating)	NS/CHANGES TO OFFIC	DATE COC AND	DIDECTO	7BC BN 12	
12. TITLE	PD OFFICERS AND	DELETE	13.	TI C			VS/CHANGES TO OFFIC	ERS ANL	Change		
1	RANGE, M ATHALIE		1.2 NAME 1.3 STREE		1	D	D 4 677 4 D		L.J. Orkange	RE REGILION	
NAME	1031 NW 87TH ST				1000000	EL-AMIN,	· ·			!	
STREET ADDRESS	MIAMI FL				- 1		92dn AVENUE				
CITY-ST-ZIP TITLE	TD TD	DELETE	1.4 CI		1-2IP	DAVIE FL	33328		Change	Addition	
	ABBOTT, DALTON	Las DECELE			1				Change		
NAME	1940 NW 186TH DR.		2.2 NAM							ļ	
STREET ADDRESS	N. MIAMI BEACH FL				ADDRESS					ļ	
CITY-ST-ZIP		☐ DELETE			ST-ZIP				Change	Addition	
TITLE	SD REED, KAYE	L.J Detere	3.1 11						— vikilige	, L.J AUUIIIVII	
NAME			3.2 N								
STREET ADDRESS	1340 N.W. 193RD TERRACE				ADDRESS					i	
CITY-ST-ZIP	MIAMI FL	T DE CTE			ST-ZIP				Char	Augusta -	
TITLE	VD CCODOE	☐ DELETE	4.1 10		ŀ				L Change	Addition	
NAME	ELLIS, GEORGE		4. 2 N		-					į	
STREET ADDRESS	1055 NW 52ND STREET				ADDRESS						
CITY-ST-ZIP	MIAMI FL	IV 05, 5			t-ZIP				الم الله		
TITLE	D	X DELETE	5.1 TI						Change	e Addition	
NAME	ARMSBRISTER, VASHTI		5.2 N								
STREET ADDRESS	16035 NW 28TH COURT		5.3 \$	TREET	ADORESS						
CITY - ST - ZIP	MIAMI FL		5.4 C	ITY - S	T-ZIP						
TITLE	D	☐ DELETE	6.1 T	TLE	İ				Change	e 🔲 Addition	
NAME	ODEN, WALTER		62 N	AME	ĺ						
STREET ADDRESS	3300 NW 27TH AVENUE		635	TREET	ADDRESS						
CITY-ST-ZIP	MIAMI FL		6.4 C	ITY-S	T-ZIP						

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or or an attachment with an address.

SIGNATURE:

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR SIRECTOR

11819

(305)691-4343